

## Attachment A

### VENUES FOR ALTERNATIVE SCREENING AND TREATMENT (VAST) PROGRAM PLAN

**Agency Name:**

San Bernardino County, Department of Public Health, Reproductive Health Section

**Name and Phone of Person Responsible for this Application:**

Dennis Hansberger, Chairman, Board of Supervisors (909) 387-4855

**Name, Phone and e-mail address of Intended Program Coordinator:**

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### Proposed Program

**1. Statement of Need:**

San Bernardino County is located in the inland portion of Southern California and is geographically the largest county in the contiguous United States. Its borders embrace 20,164 square miles and it is larger than the combined land masses of New Jersey, Massachusetts, Delaware and Rhode Island. The county has diverse geographical features including the vast Mojave Desert, extensive mountain ranges and a number of lakes. San Bernardino County has urban centers (Ontario and San Bernardino), suburban cities (Fontana and Redlands), resort cities (Big Bear and Lake Arrowhead) as well as rural and remote communities (Needles and Trona).

San Bernardino County has a population of 1,709,434; of which 17% (n=294,349) are adolescents (United States Census Bureau, 2002). San Bernardino County is not only the largest county in the contiguous United States; it is one of the poorest in California. Seventeen and nine tenths of the population are living in poverty compared to 16.0% of the population of California (United States Census Bureau, 2000 Census). The median income for California (n=\$39,595) is 7.4% higher than that for San Bernardino County (n=\$36,876). Geography and economics combine to impose significant challenges in accessing medical care for more than 221,000 residents of San Bernardino County who reside in rural and remote communities.

San Bernardino County has a very diverse population. Caucasians represent 44% (n=752,222) of the general population. Persons of color constitute 56% (n=957,212) of the general population (United States Census Bureau, 2002). Specifically, 39% of the general population were Hispanic (n=669,387), 9% were African American (n=150,201), 5% were Asian (n=78,154), <1% were Native American (n=9,804), <1% were Hawaiian/Pacific Islander (n=4,387), <1% self-identified as 'Other' (n=3,039), and 2% were of two or more races (n=42,240). Forty percent of the population do not speak English at home. As language is a component of culture, this speaks to the need to provide services that are culturally competent and linguistically appropriate.

In addition to barriers of poverty and language, several other challenges exist in providing chlamydia screening to high-risk adolescents. Some of the reported obstacles to accessing clinical services include lack of public awareness and transportation to and from clinical sites. According to the 2000 census, 15% of San Bernardino County households do not have a vehicle available. With its vast geographic size, lack of transportation imposes a significant barrier to accessing care for a large number of persons.

The lack of affordable health care options also presents a challenge. Being uninsured or underinsured is an obstacle to accessing care for many in San Bernardino County. Data from the 2001 California Health Interview Survey (CHIS) reports that 16% of San Bernardino County residents aged 0-64 years are uninsured. Many without insurance or without adequate insurance defer seeking treatment when needed or seek treatment inappropriately through emergency rooms.

Lower levels of education within the community place youth at increased risk for several health-related and social problems. Twenty-six percent of San Bernardino County residents never completed high school compared with 23% of California residents. 'When the adults in their communities have lower levels of education, are less likely to be employed, have lower incomes, and engage in higher rates of crime, then these teens are more likely to engage in sex and become pregnant than teens in communities with higher levels of education...' (Emerging Answers, Research Findings on Programs to Reduce Teen Pregnancy, Douglas Kirby, PhD, May, 2001).

According to a 1999 Youth Risk Behavior Survey conducted by San Bernardino City Unified School District, 19% of Middle School students reported that they have had intercourse and 28% have had unprotected sex; 42% of High School students stated that they have had intercourse and 39% have had unprotected sex; and 83% of Alternative/Continuation High School students indicated that they have had intercourse and 49% have had unprotected sex. The San Bernardino County Department of Public Health Reproductive Health Section estimates that at least 95% of their teen clients who access clinical Family Planning Access Care and Treatment (Family PACT) services are sexually active prior to their first clinic visit.

San Bernardino County's teen birth rate remains higher than the State and National levels. The live birth rate for San Bernardino County mothers aged 15-19 years in 2002 was 51.0/1,000 females. This birth rate was 23% higher than that for California (n=41.6/1,000) and 19% higher than that for the United States (n=43.0/1,000) (California Department of Health Services and National Center for Health Statistics).

The incidence of sexually transmitted infections (STIs), specifically chlamydia, among San Bernardino County youth and young adults has increased. Data prepared by the Department of Public Health Program Analysis and Statistics Section reported that the incidence of chlamydial infections among youth and young adults aged 15-24 years in San Bernardino County grew from 1,359.0 per

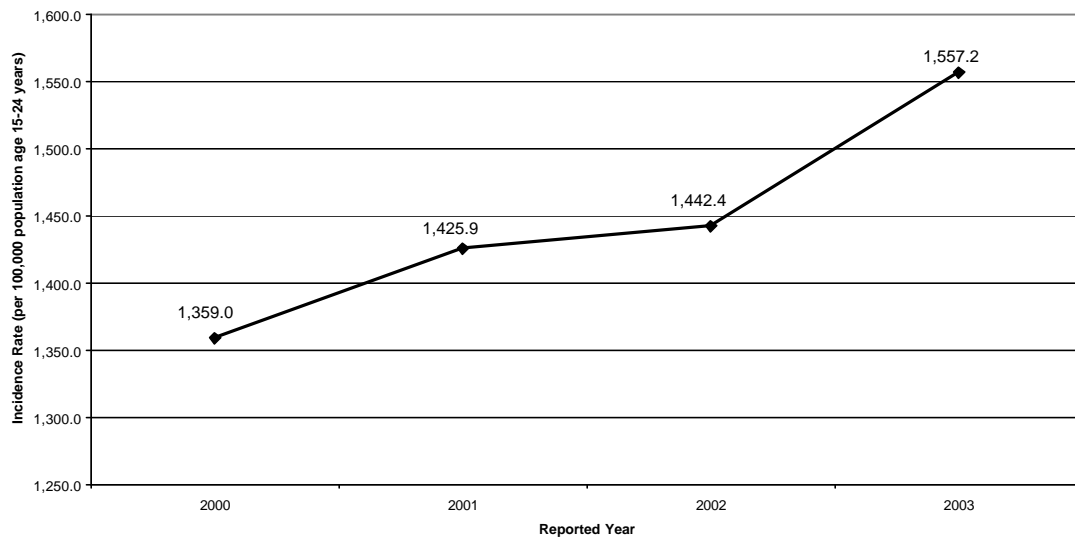
100,000 (n=3,613 cases) in 2000 to 1,425.9 per 100,000 (n=4,009 cases) in 2001, to 1,442.4 per 100,000 (n=4,282 cases) in 2002, to 1,557.2 per 100,000 (n=4,885 cases) in 2003. This represents an increase of 35% in the number of reported cases of chlamydia among the target population between 2000 and 2003. The following table and graph present the incidence of chlamydia infections among the target population in San Bernardino County for 2000-2003.

**Number of Reported Cases and Incidence Rates for Chlamydia Infections  
San Bernardino County Residents Age 15-24 Years, 2000-2003**

<b>Reported Year</b>	<b>Number of Reported Cases</b>	<b>Incidence Rate*</b>
2000	3,613	1,359.0
2001	4,009	1,425.9
2002	4,282	1,442.4
2003	4,885	1,557.2

\*Incidence Rate per 100,000 population age 15-24 years.

**Incidence Rates for Chlamydia Infections  
San Bernardino County Residents Age 15-24 Years, 2000-2003**



Prepared by: Program Analysis and Statistics, County of San Bernardino Department of Public Health  
 Sources: (1) San Bernardino County Department of Public Health, Communicable Disease Files, 2000-2003  
 (2) State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*, May 2004  
 November 2004

In 2001, the Department of Public Health AIDS/STD Control Programs and Reproductive Health Section jointly implemented a two-phase screening project, known as the Get Tested! project in the local Juvenile Hall facility. One thousand detainees between May 7 and September 19, 2001 were screened for chlamydia upon admission to Juvenile Hall. Ninety-three tested positive for chlamydia and 88% of those positive tests were asymptomatic. Another one thousand juvenile

detainees were screened between December 3 and April 11, 2002. Eighty-one tested positive for chlamydia and 94% were asymptomatic.

Following the Get Tested! project, the STD Control Program implemented the Chlamydia Screening Project (ClaSP) in the local Juvenile Hall facility. Three thousand four hundred thirty-one youth were screened for chlamydia between October 29, 2002 and June 30, 2004. Two hundred eighty-six (8%) tested positive for chlamydia.

The purpose of implementing the Venues for Alternative Screening and Testing (VAST) Program in San Bernardino County is to increase access to chlamydia screening opportunities for at risk youth, ages 15-24. At risk youth are often victims of poverty, domestic violence, drugs and alcohol abuse, sexual molestation, lack of education (drop outs) etc, very compelling factors that place these youth at greater risk of acquiring STIs, HIV, and unwanted pregnancy. Several factors impact youth and present barriers for them in accessing care through traditional clinical settings. Therefore, alternative methods for screening and treating infection must be developed and implemented for at risk youth in San Bernardino County.

## **2. Proposed Program:**

Through VAST, the San Bernardino County Department of Public Health Reproductive Health Section proposes to implement off-site chlamydia screening for at-risk youth whose infections would likely go undetected and untreated without these alternative screening opportunities. The goals for the local VAST Program include: to increase awareness and perception of susceptibility of chlamydia infection among youth and young adults aged 15-24 in San Bernardino County; and to provide urine-based screening for *Chlamydia trachomatis* to 200 at risk youth (160 females and 40 males). The Reproductive Health Section will provide outreach and educational activities intended to inform youth about chlamydia and encourage youth to participate in screening activities. The screening services will be conducted at various off-site locations throughout San Bernardino County, including, but not limited to:

- Substance abuse/rehabilitation facilities
- Women, Infants and Children (WIC) centers
- Teen centers
- Group homes for probation/foster youth

The Reproductive Health Section has partnered with such agencies for several years to provide education and outreach services. Reproductive Health staff provide educational services on a quarterly basis to the substance abuse/rehabilitation facilities in the cities of Chino, Rialto, and Hesperia. Health education staff also attend group homes and local teen centers as requested to provide information and education, and to refer clients to Reproductive Health Clinics for additional services, including testing and treatment for STIs.

Not only has the Reproductive Health Section partnered with WIC facilities in offering education and outreach services, but through the Youth Health Initiative

funded by the California Family Health Council, Reproductive Health staff also offer on-site chlamydia screening at WIC centers (and several other agencies) on a regular basis. These prevention education and on-site screening services have been met with positive reactions from youth clients. The Reproductive Health Section assigns staff weekly to the various WIC centers to deliver education and outreach services. Staff meet directly with adolescent WIC clients to discuss prevention of teen pregnancy and STIs. Through VAST, staff will focus on providing information regarding chlamydia and will offer free and confidential on-site chlamydia screening at WIC centers to high-risk female adolescents. Similar approaches will be implemented at various teen centers and groups homes for probation/foster youth throughout San Bernardino County.

Under VAST, prevention education sessions will minimally include a discussion of the causative agent, the effects of chlamydia on the human body, signs and symptoms (or lack thereof) of infection, possible consequences of untreated chlamydia infections, risk behaviors for transmission of chlamydia, information/referrals for testing and treatment, and prevention techniques/risk reduction strategies, including partner management. Special focus will be placed on information that increases perceived severity and susceptibility among the youth. Staff will stress the importance of chlamydia screening among sexually active adolescents, especially due to the absence of symptoms in most cases of the infection. In addition, youth will receive statistics showing the disproportionate number of cases among youth, ages 15-24, and the specific rates of chlamydia infections in their area of San Bernardino County.

Following the education session, youth will be offered the opportunity to participate in free and confidential screening for chlamydia. On-site restrooms at the various screening venues will be utilized to collect urine samples. Supplies for collecting and transporting the specimens will be provided by the San Bernardino County Department of Public Health Laboratory. Participants will be asked to complete brief forms in order to collect contact information and track participants in the event of a positive test result. Youth will be asked to provide their preferred method of contact (by mail, telephone, etc) such that the Reproductive Health Section can track participants in the event of a positive test result.

The Reproductive Health Section will use incentives (ie, gasoline cards) to recruit, retain, and conduct follow-up with adolescents who participate in chlamydia screening and treatment offered through the VAST Program. Past success with the distribution of gasoline cards as incentives for at risk youth provided the rationale for final selection of VAST incentives. Those youth who participate in chlamydia screening and provide a urine sample will receive an incentive at the time of specimen collection. During the education session, participants will be referred to local Reproductive Health Clinics for additional services beyond those offered through VAST. Adolescents will be informed that they will receive an additional incentive for accessing clinical services.

A part time bilingual Health Services Assistant (HSA) will be hired to conduct the education sessions and collect the urine specimens for this chlamydia screening program. This HSA will be responsible for establishing cooperative relationships

with other providers in the community, and for coordinating off-site chlamydia screening events during hours that are identified by the community as being accessible to high-risk adolescents. Additionally, the HSA will assist with follow-up of high-risk VAST participants to ensure compliance with results and treatment. This activity will help to establish a bond between the adolescent and the local Reproductive Health Clinic. The HSA and additional staff will make calls to non-confidential teens to encourage treatment compliance and continued access to care for additional services.

All urine specimens and data collection sheets will be assigned a unique code for the purpose of later matching the test results with the demographic/risk information. At the end of each screening event, the HSA will return to the Public Health Laboratory to deliver the specimens. Specimens will be submitted to laboratory personnel, date stamped and placed in a refrigerator for testing the following morning.

In order to ensure timely treatment of positive results, the HSA will refer youth who do not present for treatment at a Reproductive Health Clinic for follow-up by a Communicable Disease Investigator (CDI) in the STD Control Program. The CDI will be assigned to locate the youth and refer him/her to the closest San Bernardino County Department of Public Health Reproductive Health Clinic for evaluation and treatment. As needed, a Registered Nurse (RN) from the Reproductive Health Clinics will accompany the CDI into the community to offer treatment at the original screening site.

The primary activities of VAST will provide:

- a) Non-traditional, non-clinical urine-based chlamydia screening for the most at-risk youth who would otherwise not access the Public Health Clinics;
- b) Chlamydia screening at off-site locations, where the youth are already present; and
- c) Personal, client-centered attention through one-on-one interaction with the HSA, CDI, and/or RN.

Secondary activities of VAST will focus on linking youth to additional clinical services by providing referrals to Reproductive Health Clinics and offering incentives they find valuable.

These proposed VAST Program off-site chlamydia screening activities would increase access to chlamydia testing and treatment services and lead to a reduction of the chlamydia rate among high-risk adolescents in San Bernardino County.

3. **Statement of Work:** Complete the table below indicating how many new clients you propose to serve with your plan.

	<b>Proposed Number of New, Unduplicated Clients Served in 2005</b>
<b>Female</b>	<b>160</b>
<b>Male</b>	<b>40</b>
<b>Total</b>	<b>200</b>

The local VAST Program will provide chlamydia screening encounters to 200 at risk youth, ages 15-24, residing in San Bernardino County. Eighty percent (80%) of the screening encounters will target females. Therefore, the VAST team will provide 160 females and 40 males with education and urine-based chlamydia screening services. To ensure the timely delivery of treatment, 70% of youth who test positive for chlamydia will receive treatment within 14 days of specimen collection and 90% of youth who test positive for chlamydia will receive treatment within 30 days of the test date.

4. **Program Evaluation:**

The Reproductive Health Section has considerable experience with data collection and has demonstrated expertise with respect to reporting. Under the direction of the Public Health Program Coordinator and through collaboration with the San Bernardino County Department of Public Health Laboratory, the Reproductive Health Section will be able to track all necessary data variables for inclusion in the quarterly reports. All off-site urine specimens collected for chlamydia screening will be assigned a unique submitter number specific to the VAST Program. This submitter number will allow the Laboratory to bill for each amplified chlamydia test associated with VAST, and to track the number of tests completed and the number of positive test results by age and gender.

A hard copy of all test results with the unique VAST submitter number will also be forwarded to the HSA assigned to this project. The HSA will also maintain records to track, by age and gender, the number of tests administered and the number of positive test results. The HSA will immediately follow up with any positive results to ensure timely treatment. Using the contact information provided at the time of specimen collection, the HSA will contact the adolescent and encourage him/her to access one of the Reproductive Health Clinics for test results and treatment. The HSA will provide the youth with all necessary information on accessing clinic and will also notify clinic staff to expect the client. The HSA will send the client's medical chart to the respective Reproductive Health Clinic.

If the HSA is unable to make contact with the client, or if the client is unable to present to clinic for treatment, the HSA will refer the information to a CDI in the STD Control Program. The CDI will be responsible for ensuring that the client receives treatment for their infection, personally transporting the client to clinic if necessary. The HSA will ascertain from the CDI the date of treatment to ensure

that treatment does not exceed the 14 and 30-day timelines for this project. Alternately, if the client does not return to clinic for treatment, and an RN is required to offer treatment at the site of the original screening, the RN will report the date of treatment to the HSA for tracking purposes.

All clients who attend a Reproductive Health Clinic have their visit information entered into the Meditech database. Should a VAST client present at a Reproductive Health Clinic for results and treatment, their visit date, along with a unique VAST identification code will also be entered into this database. It will be the responsibility of the HSA to query Meditech in order to track the number of treatment visits that occurred within 14 and 30 days of each positive test.

For the purposes of VAST, the data variables to be tracked and reported by age and gender will include: unduplicated numbers of clients served and screened, number of positive tests, and the number of positive youth treated within 14 and 30 days of test. Data will be collected from the Public Health Laboratory, the CDIs, the RN and the HSA for inclusion in the quarterly reports.

## **5. Agency Capability:**

The applicant of this proposal is the County of San Bernardino, Department of Public Health, Reproductive Health Section. Incorporated in 1853, the County of San Bernardino has embodied a charter form of local government since its inception and contains the 40<sup>th</sup>, 41<sup>st</sup>, and 42<sup>nd</sup> United States Congressional districts.

The Department of Public Health has been providing publicly funded reproductive health education and medical reproductive services since 1970. These services are currently provided by the Reproductive Health Section, whose mission is to "Promote the overall health of the community through providing services and activities which result in optimal reproductive health outcomes".

The Reproductive Health Section provides a number of services including, but not limited to: contraceptive education, medical services, activities directed toward the prevention of unintended pregnancies and STIs, TeenSMART counseling, and the promotion of abstinence or responsible sexual activity. Medical services include: reproductive health exams for men and women, birth control methods, pregnancy testing and counseling, STI testing and treatment, HIV screening and referral for follow-up care (if indicated), vasectomies, and special gynecological clinics for further diagnostic evaluation and follow-up of abnormal PAP smear tests. Educational services include community presentations on abstinence, STI prevention, birth control, male responsibility education, and postponing sexual involvement. In addition, the Reproductive Health Section staff members conduct media outreach, attend health fairs, and participate in community events. Staff also participate in local capacity-building efforts through membership in various pregnancy prevention task forces, community groups and collaborations. All materials and services are delivered in a client-centered, culturally sensitive and linguistically appropriate manner. Confidential clinical services are provided in accordance with California State



Department of Health Services and Federal Title X policies and guidelines that stress informed consent and individual patient rights.

The Reproductive Health Section has nine clinic sites throughout San Bernardino County, five of which also offer “Young Adult Clinics”. These Young Adult Clinics offer special services for the adolescent population and provide walk-in and appointed visits for youth aged 21 and younger. All services are available during a Young Adult Clinic, including initial and annual exams, refills, and pregnancy counseling. As the Reproductive Health Section continues to grow, additional Young Adult Clinics are added to meet the needs of the adolescent population. The Reproductive Health Section offers two Young Adult Clinics at the clinic site in Hesperia (desert health planning region) due to the demand for these services.

The Reproductive Health Section has been a Family PACT Provider since the inception in 1996. In 1998, the Section applied for and was granted TeenSMART Outreach funding from the California Department of Health Services, Office of Family Planning. Each year, health education staff provide educational presentations to approximately 15,000 teens. In addition, clinical services are provided to approximately 3,000 new teens and 5,000 returning clients each year. Annually, staff provide approximately 2,500 TeenSMART counseling sessions to youth during their clinic visits.

Reproductive Health Section staff deliver informational and educational presentations that include: anatomy and physiology of the reproductive system, human sexuality, birth control methods including abstinence, STI & HIV prevention, distribution of handouts and information about the availability of Family PACT clinical services and the Young Adult Clinics. These presentations are conducted at public schools, youth centers, teen WIC centers and other community sites.

The Reproductive Health Section has participated in the California Infertility Prevention Project (CIPP), serving as sentinel sites, since 1997. Reproductive Health Clinics in the cities of San Bernardino (east valley health planning region) and Ontario (west valley health planning region) were the first selected sentinel sites. The clinic in Hesperia was added in 2001 to gather data from the vast desert health planning region of San Bernardino County. Sentinel sites provide detailed information to assist in examining relationships between chlamydia positivity and other demographic, clinical and behavioral factors. The National positivity rate is 5.2% and the State positivity rate is 7.3%. The following table presents statistics from the CIPP report for January 1, 2002 to December 31, 2002.

Clinic	Chlamydia Positivity Rate among Clients Aged 15-24
Hesperia	4.2%
Ontario	6.3%
San Bernardino	6.9%

The Department of Public Health STD Control Program has been involved with the California Department of Health Services’ Chlamydia Awareness and

Prevention Project (CAPP) since 2000. In fiscal year 2003-04, CAPP was renamed the Sexually Transmitted Diseases Community Interventions Program (SCIP). This program focuses on capacity building among youth-serving community agencies and offers support through training and resource development, prevention education workshops, distribution of educational materials and referral for screening and treatment of sexually transmitted infections.

Through Get Tested!, a chlamydia and gonorrhea screening project implemented in the San Bernardino County Probation Department Juvenile Hall, the San Bernardino County Department of Public Health identified prevalence rates of 9% for *C trachomatis* among youth detainees. Two thousand youth (1,648 (82%) males and 352 (18%) females) were screened over the period of May 7-September 19, 2001 and December 3, 2001-April 11, 2002. Of the 174 youth who tested positive for *C trachomatis*, 91% were asymptomatic infections. Thirty youth tested positive for *N gonorrhoeae* and fourteen (<1%) tested positive for both sexually transmitted infections.

The successes of Get Tested! were rewarded with funding for the Department of Public Health to participate in the Chlamydia Screening Project (ClaSP) for high-risk youth in juvenile justice facilities. ClaSP was implemented in the San Bernardino County Probation Department Juvenile Hall on October 29, 2002.

Through ClaSP, the Department of Public Health STD Control Program has identified a prevalence rate of 8% for *C trachomatis* among Juvenile Hall detainees. Three thousand four hundred thirty-one youth (2,707 (79%) males and 724 (21%) females) were screened between October 29, 2002 and June 30, 2004. Of the 3,431 youth screened, 286 (8%) had positive test results for chlamydia. All 286 (100%) positive youth were successfully treated for infection.

The San Bernardino County Department of Public Health will assume primary responsibility for fiscal management of this VAST Program. The Department uses the County of San Bernardino—EMACS—Labor Distribution to monitor personnel expenses. This report is generated biweekly and is closely monitored by the Public Health Manager. The Department also uses the Detail Expenditure Transaction Listing by Coded Organization and Object Code to monitor costs associated with services and supplies (eg, office supplies, laboratory support, incentives and travel). This report is produced on a monthly basis and closely reviewed by the Public Health Manager for content and accuracy. These two documents help to ensure the timely and accurate submission of invoices.

## **6. Sustaining the Program:**

The anticipated, long-lasting impact of VAST is a reduction in the rate of all sexually transmitted infections among high-risk adolescents in San Bernardino County. During VAST's three-year project period, the Reproductive Health Section intends to realize a reduction in chlamydia specifically and in unintended pregnancies among youth. Through the implementation of educational, clinical, and follow-up VAST activities, we aim to assist adolescents and young adults in

increasing their knowledge regarding the risks associated with undetected and untreated infections, and in making and sustaining healthier and more responsible decisions regarding their sexual behavior.

There are many additional long-term benefits that will result from reducing barriers for males and females in accessing clinical services. For every sexually active teen that internalizes the prevention information, risk reduction techniques and screening services offered through VAST and is linked to follow-up clinical services, we reduce the County's burden of high-risk adolescent sexual behavior. The ability to identify and treat youth for chlamydia and to prevent additional transmission of infection will have positive impact on the community. Preventing the development of pelvic inflammatory disease through careful and routine screening of female youth will assist in preserving fertility rates among these young women and reduce the likelihood of secondary transmission of infection. Additionally, both the youth and community alike will benefit through: reduced unplanned pregnancies, reduced infant morbidity and mortality, reduced school dropout rates, reduced need for special school programs for pregnant minors, reduced welfare costs and number of shelters for pregnant homeless teens, and improved job opportunities.

Educating partnering agencies that under Family PACT, free and confidential chlamydia screening and treatment is available for youth and young adults at all Reproductive Health Clinics in San Bernardino County is an important component of VAST. Clearly communicating to these partnering agencies about the availability and variety of Reproductive Health Clinic services offered to adolescents will strengthen relationships between agencies, will help local youth providers in facilitating clinical referrals for their adolescent clients and will assist in sustaining the goals and objectives of VAST, long after the actual funding for this project is exhausted.

Should the local funding for VAST not extend beyond calendar year 2005, we will explore possible local resources for continuing this much needed off-site chlamydia screening service for at risk youth in San Bernardino County.